



AGING AND DISABILITY SERVICES ADMINISTRATION  
OMNIBUS BUDGET RECONCILIATION ACT (OBRA)  
NURSING ASSISTANT TRAINING PROGRAM  
PO BOX 45600  
OLYMPIA WA 98504-5600

DEPARTMENT OF HEALTH  
NURSING CARE QUALITY  
ASSURANCE COMMISSION  
PO BOX 47864  
OLYMPIA WA 98504-7864



## INSTRUCTION STAFF APPLICATIONS (NATCEP)

### DO NOT SUBMIT IF THE PROGRAM DIRECTOR IS THE SOLE INSTRUCTOR.

This application is for Registered Nurses (RNs) or Licensed Practical Nurses (LPN's) who will be the primary instructor(s) in an OBRA approved nursing assistant training program. Guest speakers need not be listed on this application; however, the use of additional instructional staff must be in accordance with OBRA requirement CFR 483.152. Other instructional staff must be approved by the program director and this staff must not supplant the primary teaching duties of the instructor.

1. NAME		HOME TELEPHONE NUMBER (INCLUDE AREA CODE (    )		WORK TELEPHONE NUMBER (INCLUDE AREA CODE (    )	
HOME ADDRESS				2. REGISTERED LPN NURSE LICENSE NUMBER	
CITY		STATE	ZIP CODE	EXPIRATION DATE	E-MAIL ADDRESS
<p>3. Is your Registered Nurse/LPN license number encumbered or otherwise limited due to disciplinary or other action? <input type="checkbox"/> Yes   <input type="checkbox"/> No If yes, describe the action below.</p>					
4. NAME OF FACILITY OR INSTITUTION WHERE APPLICANT SERVES (OR WILL SERVE) AS INSTRUCTOR				TELEPHONE NUMBER (INCLUDE AREA CODE_ (    )	
ADDRESS		CITY		STATE	ZIP CODE
<p>5. List the applicant's professional experience for the past three years. Include employer name, your job title and how long (in months) you were employed doing this job. Attach a separate sheet if necessary.</p> <p>Have you completed the required "Train the Trainer" program or equivalent?   <input type="checkbox"/> Yes   <input type="checkbox"/> No If yes, briefly describe the class and if possible attach a copy of the course documentation.</p> <p>If no, describe your experience in teaching adults or supervising nurse's aides over and above in-service education or patient teaching. Include total years of teaching, subjects taught, and list any teaching credentials. Attach separate sheet if necessary.</p>					
6. Will the instructor's primary teaching responsibility include: <input type="checkbox"/> Classroom <input type="checkbox"/> Clinical <input type="checkbox"/> Both					
SIGNATURE OF APPLICANT				DATE	